Student Organization  
Wofford College  
Allocation Submission Form  
2011-2012

Organization Name: ____________________________________________________________

#of Active Members:_____

Officer and Advisor Information

President’s Name: __________________________ Email: ____________________________
Treasurer’s Name: __________________________ Email: ____________________________
Advisor Name: __________________________ Email: ____________________________

I certify that I have read the Treasurer Handbook of Campus Union, and I agree to carry out my responsibilities in accordance with these codes, policies, and procedures of Wofford College. I understand that if I do not follow guidelines, my allocation could be suspended or not received. I certify that the information is for this funded group. This signature authorization form may be updated at any time with the advisor's approval.

President’s Signature: __________________________ Date: __________________________
Treasurer’s Signature: __________________________ Date: __________________________
Advisor’s Signature: __________________________ Date: __________________________

*Please turn this form into the Campus Union CPO in Student Affairs or to the Campus Union Treasurer CPO 1121 by 5pm on April 22, 2011.*